

Management of Recurrent Bartholin's Abscess

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ABSTRACT

Objective:

To determine the most effective method in managing recurrent Bartholin's abscess

Method:

A retrospective comparative observational study was undertaken in the Obstetrics and Gynaecology Department of MGM Women and Children Hospital, Kalamboli for a period of 1 year from July 2021 to June 2022. 13 patients having being treated previously between July 2020 to June 2021 for recurrent Bartholin abscess were evaluated and compared in terms of recurrence rates after a period of 1 year (July 2021 to June 2022) and were divided into two study groups depending on the treatment modalities they received:

- A) Patient treated with incision and drainage followed by marsupialization
- B) Patient treated with Bartholin duct cyst wall excision followed by marsupialization:

Results:

In our study, 13 cases having being treated for recurrent Bartholin abscess were studied and evaluated. In group A, that were being treated by only incision and drainage, 4 out of 7 patients (57.1%) developed recurrence after a period of 1 year. However, 2 patients' loss to follow up. In group B, that were being treated by Bartholin duct cyst wall excision, none out of 6 cases had recurrence after being followed up for 1 year. There was 1 case that loss to follow up during the study.

Conclusion:

Bartholin gland cyst or abscess are common gynaecological problems seen in women of child bearing age causing discomfort in day-to-day life, requiring prompt surgical intervention. The total excision of Bartholin duct cyst wall in recurrent Bartholin abscess remains the preferred method as it is associated with lesser complications, shorter recovery, shorter hospital stay and has no recurrence in future.

KEYWORDS:

Recurrent Bartholin's abscess, Incision and drainage, marsupialization, Bartholin duct cyst wall excision

INTRODUCTION

Bartholin's glands are the two pea sized glands, located bilaterally on the posterior margin of the introitus. They open in the groove between the hymen and the labia minora at 4 o'clock and 8 o'clock positions. These glands drain into the vestibule. They secrete mucus which helps in lubrication of vagina. Blockage of the gland may lead to cyst and abscess formation. It is mostly unilateral and found most commonly in women of reproductive age and it decreases after menopause [1,2]. The most common organism isolated is E coli. Other organisms isolated are gram negative aerobes, MRSA, Staphylococcus, Streptococcus. In adolescents, Gonorrhoea and Chlamydia are frequently associated with Bartholin's abscess and may require treatment. Abscess are very painful, unlike Bartholin cysts and may be associated with fever, flu like symptoms, discomfort while walking or standing, dyspareunia and discharge. They are often tender on palpation with red and oedematous overlying skin. Asymptomatic Bartholin cysts and abscess do not require further treatment and can be managed conservatively by sitz bath and analgesics. Recurrent Bartholin abscess can be managed by incision and drainage followed by marsupialization, however Bartholin duct cyst wall excision remains as a last resort of treatment in recurrent, resistant cases, when other modalities have failed.

MATERIALS AND METHODS

A retrospective comparative observational study was undertaken in the Obstetrics and Gynaecology Department of MGM Women and Children Hospital, Kalamboli for a period of 1 year from July 2021 to June 2022. 13 patients having been treated previously between July 2020 to June 2021 for recurrent Bartholin abscess were evaluated and compared in terms of recurrence rates after a period of 1 year (July 2021 to June 2022) and were divided into two study groups depending on the treatment modalities they received:

A) Patient treated with incision and drainage followed by marsupialization:

In our study, 7 cases were being treated by the conventional method – Incision and drainage followed by marsupialization. An incision of 2 cm was made on the most dependent portion of the abscess and was allowed to drain which was then followed by marsupialization by everting the edges by taking simple interrupted sutures by absorbable suture material as shown in figure 1. Post operative antibiotics were given.



Figure 1: Showing Marsupialization

B) Patient treated with Bartholin duct cyst wall excision followed by marsupialization:

Here, 6 cases were being treated with Bartholin duct cyst wall excision followed by marsupialization. Firstly, a 1 cm incision was taken over the site of punctum and deepened till the Bartholin's cyst wall was visualized and separated from the healthy tissue up to the root of Bartholin's duct as shown in figure 2 Abscess was allowed to drain. Bartholin's duct along with the cyst wall was excised and sample was sent for histopathological examination as shown in figure 3. Marsupialization was done by continuous interlocking absorbable suture material as shown in figure 4. Post operative antibiotics were given.



Figure 2: Showing punctum and cyst wall



Figure 3: Showing excised Bartholin's duct along with cyst wall



Figure 4: Showing Marsupialization followed by Bartholin duct cyst wall excision

The outcome was measured in terms of recurrence rate of the abscess following the surgical approach used in treating the abscess

RESULTS

Table 1: Patients treated by Incision and drainage followed by marsupialization

Case	Age	Parity	Pain	Fever	Dyspareunia	Discharge	Intervention	Recurrence
1.	28y	P2L2	Mod	No	No	No	Incision and drainage with marsupialization	Yes
2.	32y	P3L3	Mod	Yes	Yes	yes	Incision and drainage with marsupialization	Loss to follow up
3.	23y	P1L1	Severe	No	No	No	Incision and drainage with marsupialization	Yes
4.	28y	P2L2	Severe	Yes	Yes	No	Incision and drainage with marsupialization	Yes
5.	22y	P3L3	Mod	Yes	Yes	Yes	Incision and drainage with marsupialization	Yes
6.	21y	P2L2	Severe	Yes	Yes	Yes	Incision and drainage with marsupialization	No
7.	27y	P2L2	Severe	No	No	No	Incision and drainage with marsupialization	Loss to follow up

Table 2: Patients treated by Bartholin duct cyst wall excision followed by marsupialization

Case	Age	Parity	Pain	Fever	Dyspareunia	Discharge	Intervention	Recurrence
1.	30y	P3L3	Mod	No	No	Yes	Bartholin duct cyst wall Excision	No
2.	21y	Nulligravida	Severe	Yes	Yes	Yes	Bartholin duct cyst wall Excision	No
3.	27y	P2L2	Severe	No	No	No	Bartholin duct cyst wall excision	No
4.	22y	P2L2	Severe	Yes	Yes	Yes	Bartholin duct cyst wall excision	Loss to follow up
5.	25y	P2L2	Severe	Yes	Yes	Yes	Bartholin duct cyst wall excision	No
6.	23	P1L1	Severe	Yes	Yes	Yes	Bartholin duct cyst wall excision	No

In our study, 13 cases having been treated for recurrent Bartholin abscess were studied and evaluated.

In group A, that were being treated by only incision and drainage, 4 out of 7 patients (57.1%) developed recurrence after a period of 1 year. However, 2 patients' loss to follow up.

In group B, that were being treated by Bartholin duct cyst wall excision, none out of 6 cases had recurrence after being followed up for 1 year. There was 1 case that loss to follow up during the study.

DISCUSSION

Bartholin gland cyst or abscess contributes about 2% of all common gynaecological problems that are commonly seen in reproductive age group [3]. Bartholin glands form an important part of female reproductive system. Its main function is to secrete mucus which helps in lubrication of vagina and vulva. Occlusion of the Bartholin glands lead to accumulation of secretions resulting in the formation of cyst. This is usually unilateral. Infection of this cyst leads to abscess formation later [4]. Infection is usually polymicrobial [5]. The various risk factors associated with this condition include prior history of Bartholin cyst, vulval trauma, mediolateral episiotomy, multiple sexual partners and sexually transmitted infections [6]. Asymptomatic cyst usually does not require treatment. Bartholin cyst may cause pain, discomfort, dyspareunia, tenderness when become infected needs further management. Recurrent Bartholin abscess can be treated by incision and drainage combined with marsupialization and by Bartholin duct cyst wall excision. However, there has been cases where recurrence still occur even after treating with incision and drainage followed by marsupialization. Hence, Bartholin duct cyst wall excision remains the best and ultimate modality of treatment for managing recurrent Bartholin's abscess. It is associated with lesser post operative complications, dyspareunia, dryness as the Bartholin gland is still there to provide lubrication.

CONCLUSION

Bartholin gland cyst or abscess are common gynaecological problems seen in women of child bearing age causing discomfort in day-to-day life, requiring prompt surgical intervention. The total excision of Bartholin duct cyst wall in recurrent Bartholin abscess remains the preferred method as it is associated with lesser complications, shorter recovery, shorter hospital stay and has no recurrence in future.

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